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ABSTRACT

A compelling argument in support of behavioral approaches is the use of validated techniques. But many school psychologists use behavior consultation and intervention strategies despite not having followed the tenets of behavioral practice, such as gathering data. This study explores the reality of theory-practice discrepancies. Surveys were mailed to 500 randomly selected members of a national organization of school psychologists; a final sample of 308 respondents was used. The forced-choice questionnaire addressed issues of demographics, general practice, caseloads, the use of assessment procedures, and various intervention techniques. Most of the respondents worked with students spanning several age groups and grades. Results indicated that school psychologists are predominantly female, work in public schools, and classify themselves as moderately behavioral in orientation. Notable among the findings was the lack of a relationship between the types of assessment procedures employed in practice and the theoretical orientation of the practitioner. No differences were evident in the assessment practices of school psychologists with a self-reported low, moderate, or high behavioral orientation. Respondents provided scant evidence that the effects of intervention are evaluated systematically and some evidence indicates that outcomes are not evaluated at all. (RJM)

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Running Head: BEHAVIOR THEORY AND PRACTICE

A Brief Report on
Behavior Theory and Practice in School Psychology

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Abstract

A mail survey explored the characteristics of behavioral approaches as practiced by school psychologists. Information was collected about demographic, professional, and practice variables. Questionnaires and follow-up prompts were sent to 500 randomly selected members of the National Association of School Psychologists; the final sample was 308. This article discusses congruencies and discrepancies between behavioral assessment and intervention approaches as represented in theory and behavioral approaches as reported in practice.

Behavior Theory and Practice in School Psychology

A compelling argument in support of behavioral approaches is the use of validated techniques. This argument is reflected in the assertion that behavior change must be approached empirically. Relatively little is known about the impact of this empirical commitment on the professional practices of school psychologists. Is there a discrepancy between behavior theory and school psychology practice?

School psychologists indicated a primarily behavioral approach when surveyed about their theoretical orientation as reported by Wilczenski, Bontrager, and Bosco (1995). Yet, there appears to be considerable misunderstanding about behavioral approaches by school psychologists (Reschly, 1988). Through a series of surveys, Reschly and colleagues found that school psychologists report using behavioral consultation and intervention strategies, despite not having followed the tenets of behavioral practice, such as gathering data, implementing well-planned interventions, and measuring effects.

The present study explores the reality of theory-practice discrepancies. It is based on information collected about school psychologists' application of behavioral assessment and intervention approaches.

Method

Participants

In the Spring of 1996, surveys were mailed to 500 randomly selected members of the National Association of School Psychologists (NASP). A follow-up prompt was sent two weeks after the initial mailing. A total of 354 responses were received (71% return rate). Incomplete surveys were obtained from some administrators, trainers, and retired persons who were unable to answer the practitioner-oriented items. Those incomplete surveys were excluded from the analysis. The final sample (N=308) represented 61% of those surveyed.

Questionnaire

The forced-choice questionnaire included 16 questions designed to elicit information in five categories: 1) self-descriptive demographic data, 2) general practice issues, 3) qualitative characteristics of the respondents' caseloads, 4) use of various assessment procedures, and 5) use of various intervention techniques.

Results

Sample Self-Description

Percentages of men and women responding to the survey were 31.2 and 68.8 respectively. Employment setting percentages were: public school, 95.4; nonpublic school, 2.3; nonschool, 1.3; college/university, 1.0. The overwhelming majority of respondents (75.6%) worked with students spanning several age

groups and grades. Educational attainment for the sample was 76.9% masters or specialist level and 23.1% doctoral level. Mean years of experience in school psychology was 15.4 (SD=6.8). Regional distribution was: Northeast, 33%; Southeast 23%; West Central, 11%; West, 20%; North Central, 22%.

The self-rating scale that quantified respondents' degrees of adherence to behavioral practices ranged from "extremely behavioral" (anchored at 7) to "extremely nonbehavioral" (anchored at 1). The mean for the sample was 4.6 (SD=1.2). The final self-descriptive item asked respondents to identify the school of behaviorism with which they felt most closely related. Percentages for the five options were: eclectic, 47.4; cognitve, 39.6; operant, 11.4; other, 1.0; respondent, 0.6.

General Practice Issues

Respondents indicated the number of hours usually required to formulate a conceptualization of a child's problems: The mean was 3.9 (SD=2.4) with a range from 1/2 to 15 hours. On a seven-point scale anchored by the terms "extremely unlikely" at point 1 and "extremely likely" at point 7, respondents rated their likelihood of dealing exclusively with a child's presenting problems as stated. The mean rating was 3.2 (SD=1.4). When respondents were asked to indicate, on a similarly anchored scale, their likelihood of including past history information as part of an assessment, the mean rating was 6.2 (SD=1.1). Respondents estimated the percentage of total contact time with a child that was devoted primarily to assessment. The mean

estimated percentage was 61.0 (SD=28.7). When asked to report their success rate with children treated with behavioral techniques, the mean estimated percentage of success was 58.5 (SD=19.2) with a range from 5 to 99%. It is noteworthy that 11% of respondents indicated that they did not know the outcomes of their interventions. The final general practice item asked respondents to rate the importance of assessment to the overall outcome of interventions. Mean rating was 5.4 (SD=1.3) on a seven point scale with "extremely unimportant" (point 1) and "extremely important" (point 7) anchors.

Student Characteristics

Respondents were asked to report the percentage of students in their caseload who had displayed specified problems over the past year. The problems and respective mean percentages were: specific learning disabilities 47.4 (SD=25.4); social problems 39.6 (SD=28.0); emotional problems 32.3 (SD=26.1); attention deficit disorder 31.9 (SD=20.8); conduct problems 30.8 (SD=24.2); intellectual disabilities 24.6 (SD=26.1); communication disorders 21.0 (SD=22.7); self-help skill deficits 19.5 (SD=25.1); motor problems 12.6 (SD=15.7); thought disorders 5.6 (SD=10.7); self-injurious behaviors 3.7 (SD=6.5).

Assessment Procedures

Respondents were given a list of assessment strategies and asked to estimate the percentage of their students with whom they used each of several methods. The strategies and respective mean

estimates were as follows: interview with referred student 80.6 (SD=32.0); interview with significant others 65.0 (SD=36.4); direct observation 58.4 (SD=36.6); consulting other professionals 44.1 (SD=36.6); self-report scale 26.9 (SD=28.4); projectives 26.4 (SD=31.4); curriculum-based measurement 21.5 (SD=29.0); personality inventories 20.1 (SD=25.0); self-monitoring 13.0 (SD=17.6); role play 8.7 (SD=16.1);

Intervention Strategies

From an intervention category list, respondents were asked to indicate the percentage of students with whom they had used each technique over the past year. Techniques and mean percentages were: operant 29.3 (SD=26.9); self-management 18.4 (SD=22.0); modeling 17.7 (SD=24.1); attitude modification 15.5 (SD=23.8); self-instruction 9.8 (SD=17.0); role play 9.7 (SD=17.3); relaxation 5.9 (SD=12.4); attribution retraining 5.9 (SD=16.0).

Comparisons Among Practitioners on Selected Variables

The sample was divided into three groups based upon the respondents' personal behavioral orientation rating: low (ratings=1,2; n=54), moderate (ratings=3,4,5; n=181), and high (ratings=6,7; n=73). MANOVAs were calculated with follow-up Student-Newman-Keuls procedures to compare caseload, assessment procedures, and intervention strategies among the three behavioral groups.

There were no statistically significant differences in types of students served for the three groups. Use of various assessment procedures did not differ for school psychologists rating themselves as low, moderate, or highly behavioral in orientation. Several differences were reported in preferred intervention strategies among the three groups. School psychologists rated highly behavioral indicated more frequent use of operant techniques (M=44.3, SD=28.5) than those ranked moderate (M=28.1, SD=25.3) or low (M=12.7, SD=17.4), $F(2, 305) = 25.50$, $p < .001$. Modeling was used more frequently by the high (M=21.9, SD=28.7) and moderate groups (M=18.1, SD=32.7) than the low (M=10.7, SD=15.6), as was role play: high (M=13.4, SD=22.9); moderate (M=9.9, SD=16.3); and low (M=4.2, SD=8.0), Fs (2, 305) = 3.50 and 4.50 respectively; $p < .05$ for each. Respondents in the high behavioral group (M=8.9, SD=17.7) reported using relaxation as an intervention more often than those rated moderate (M=4.8, SD=4.8) or low (M=5.7, SD=14.4), $F(2, 305) = 2.93$, $p = .05$.

Discussion

For the most part, the demographic characteristics of school psychologists in this sample parallel the characteristics of the NASP membership in general. School psychologists are predominantly female, hold masters degrees or specialist certificates, and work in public school settings serving multiple age and grade groups. Most respondents classified themselves as moderately behavioral in orientation. In this study, the types of student populations served were similar for school

psychologists who ranked their degree of behavioral orientation as low, moderate, or high.

Notable among the findings was the lack of a relationship between the types of assessment procedures employed in practice and the theoretical orientation of the practitioner. There were no differences in the assessment practices of school psychologists with a self-reported low, moderate, or high behavioral orientation. In fact, 26 percent of those in the high behavioral group indicated that they use projective techniques! Direct observation, the hallmark of behavioral assessment, was used by practitioners across the behavioral practice spectrum. Although the flexibility allowed by this "eclectic" approach to assessment must have some perceived clinical advantages for practitioners, it precludes the rigor of the behavioral approach. Best practices in assessment require the use of psychometrically sound instruments, that is, tests with adequate standardization and which have evidence of validity and reliability (Salvia & Ysseldyke, 1991; Wilson & Reschly, 1996).

The large number of school psychologists who rated themselves in the moderate behavioral category may reflect a trend in which practitioners do not align themselves with a particular theoretical orientation, and, in turn, do "what comes naturally." Future research may focus, then, on elaborating the characteristics of this group.

Although there was considerable overlap in the intervention techniques used by practitioners with low, moderate, and high behavioral orientations, the high behavioral group indicated more

frequent use of strategies that have been researched and reported in the behavioral literature--behavior modification, modeling, role play, and relaxation. However, respondents provided scant evidence that the effects of intervention are evaluated systematically, and some evidence that outcomes are not evaluated at all.

Professional training standards require that assessment be linked to intervention (cf. Fagan & Wise, 1994). Psychological theory provides a context and a guide for practice. When faced with practice dilemmas, the practitioner should have a strong theoretical perspective to direct assessment and intervention efforts. Without a theoretical background and orientation, the assessor is relegated to the role of a technician. Having a solid theory to conceptualize problems has important implications when linking assessment results to a workable intervention plan. Professional training should address theory, rather than simply techniques, to ensure the scientific grounding of the field as assessment, consultation, and intervention practices are reformed. In light of the behavioral commitment to empiricism and the use of validated procedures, the disparities found between behavioral approaches as practiced and the behavioral approaches as defined by theory and research are indeed troubling.

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